

**Process Review Of Student File**

To be used with 10%-25% of the F-1s

Student _____	Teacher _____	Monitor _____
School _____	Census #/Birthdate _____	Age _____
		Census Category _____

Use the comment section to explain exceptions.

**Documentation supports category and substantiates eligibility for:****SLI**

II.B.14.a \_\_\_\_\_ A communication disorder to the extent that it calls attention to itself, interferes with communication, or causes a child to be maladjusted

**SLD**

II.B.14.b \_\_\_\_\_ A significant discrepancy between achievement and ability in oral or written expression, basic reading skills, reading or listening comprehension, math calculation or reasoning; an imperfect ability to listen, think, speak, read, write, spell or do math

II.B.14.c \_\_\_\_\_ Classroom observation by someone other than the regular classroom teacher

II.B.14.d \_\_\_\_\_ Certifies each team member's agreement/disagreement

II.B.14.e \_\_\_\_\_ Determination of effects of environmental, cultural, or economic disadvantage

**MIMR**

II.B.14.f \_\_\_\_\_ Performance between 2 and 3 SD below the mean and comparable adaptive development

**MOMR**

II.B.14.g \_\_\_\_\_ Performance between 3 and 4 SD below the mean and comparable adaptive development

**ED**

II.B.14.h \_\_\_\_\_ Verification by a psychologist or psychiatrist of one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance: inability to learn; inability to build or maintain relationships, inappropriate behavior/feelings, unhappiness or depression, physical symptoms/fears, or schizophrenia

**OHI**

II.B.14.i \_\_\_\_\_ Verification by a doctor of medicine of limited strength, vitality or alertness, including heightened alertness to environmental stimuli, that is due to chronic or acute health problems and adversely affects student performance

**HI**

II.B.14.j \_\_\_\_\_ Verification by an audiologist of a hearing impairment

II.B.14.k \_\_\_\_\_ Evaluation of the language proficiency of the child

**VI**

II.B.14.l \_\_\_\_\_ Verification by an ophthalmologist of a visual impairment

II.B.14.m \_\_\_\_\_ Individualized Braille literacy assessment has been completed

**OI**

II.B.14.n \_\_\_\_\_ Verification of a physical disability by a doctor of medicine.

**SMR**

II.B.14.o \_\_\_\_\_ Performance at least 4 SD below the mean and comparable adaptive development

**Autism**

II.B.14.p \_\_\_\_\_ A developmental disability that significantly affects verbal and nonverbal communication and social interaction.

**TBI**

II.B.14.q \_\_\_\_\_ Verification by a doctor of medicine of an acquired injury to the brain that is caused by an external physical force and that results in total or partial functional disabilities or psychosocial impairment, or both.

**MD**  
II.B.14.r \_\_\_\_\_ Multiple disabilities include 1) two or more of the following: HI, OI, MOMR, and/or VI or 2) a child with one of the disabilities already listed in this section existing concurrently with MIMR, ED, or SLD

**MD-SSI**  
II.B.14.s \_\_\_\_\_ Multiple disabilities that include at least one of the following: (1) severe visual impairment or hearing impairment with another severe disability (2) severe visual impairment and severe hearing impairment

**PMD**  
II.B.14.t \_\_\_\_\_ At least 1.5 SD and not more than 3.0 SD below the mean in two or more of the following areas: cognitive, motor, communication, social/emotional, or adaptive development

**PSD**  
II.B.14.u \_\_\_\_\_ More than 3.0 SD below the mean in one or more of the following areas: cognitive, motor, communication, social/emotional, or adaptive development

**PSL (Speech and/or Language)**  
II.B.14.v \_\_\_\_\_ Speech which, out of context, is unintelligible to an unfamiliar listener **AND/OR** at least 1.5 SD below the mean in language

II.B.14.w \_\_\_\_\_ That the child is not eligible for services under another preschool category

#### Individual Education Program

III.B.7 \_\_\_\_\_ Initial IEP was developed within 30 days of eligibility determination  
III.B.8.a \_\_\_\_\_ Date of initiation of services and program adaptations

III.B.8.b \_\_\_\_\_ Duration of services and adaptations  
III.B.8.c \_\_\_\_\_ Frequency of services and adaptations  
III.B.8.d \_\_\_\_\_ Location of services and adaptations  
III.B.8.e \_\_\_\_\_ Extent to which child will not participate with non-disabled children  
III.B.8.f \_\_\_\_\_ Potential harmful effects  
III.B.8.g \_\_\_\_\_ Consideration of the communication needs of the student  
III.B.8.h \_\_\_\_\_ Consideration of assistive technology devices and service needs

#### When appropriate, the IEP identifies

III.B.9.a \_\_\_\_\_ For students with LEP, consideration of language needs  
III.B.9.b \_\_\_\_\_ For VI students, results of a Braille assessment **and** if Braille is not indicated, 100% team agreement is documented  
III.B.9.c \_\_\_\_\_ For HI students, consideration of the child's language and communication needs  
III.B.9.d \_\_\_\_\_ Exit criteria for students placed in a PRF  
III.B.9.e \_\_\_\_\_ A plan outlining the provision of integrated opportunities for student receiving education in a PRF

#### For transition services, the IEP identifies

III.B.10.a \_\_\_\_\_ If needed, instruction, related services, community experiences, development of employment objectives, and if appropriate, daily living skills and functional vocational evaluation  
III.B.10.b \_\_\_\_\_ If appropriate, each public agency's responsibilities, linkages or both  
III.B.10.c \_\_\_\_\_ Identification of alternative transition strategies if participating agency fails to provide services

#### Other

III.B.12 \_\_\_\_\_ All progress reports provided to parents as often as for peers  
IV.B.1 \_\_\_\_\_ Parental consent for initial placement was obtained prior to entry onto census and provision of services  
Date signed \_\_\_\_\_  
IV.B.9 \_\_\_\_\_ Hearing screening (with follow up) conducted within the last school year

Comments to explain exceptions: